ed in each of such Hospitals as on the 31st March, 1989;

(b) whether the number of beds provided in each of such Hospitals are catering to the needs of public visiting these Hospitals satisfactorily; and

(c) what action Government propose to take in respect of setting up of new Hospitals in Delhi/New Delhi to ease the pressure on existing Hospitals?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) As per the information available with Central Bureau of Health Intelligence (CGHS) the total number of Central Government Hospitals in the country as on 1-1-1987 were 249 and corresponding beds strength were 32,046.

(b) Due to rapid increase of population, the beds provided in these Hospitals could not be considered sufficient. However, the effort of the Government has been to introduce a series of measures to optimise the utilisation of installed facilities in the existing Hospitals.

(c) Delhi Administration has initiated action for establishing eight new hospitals in the peripherals areas with a view to ease the pressure on existing Hospitals in Delhi, details of those Hospitals is given below in the statement.

Statement

S.No.	Name of the Hospital with location	Bed strength
1.	Rao Tula Ram Hospital Jaffarpur	100
2.	Hospital at Khichripur	100
3.	Hospital at Jahangirpuri	100
4.	Hospital at Bhoodkhurd	100
5.	Hospital at Maidan Garhi	100
6.	Hospital at Raghubir Nagar	100
7.	Hospital at Rohini Complex	500
8.	Hospital at Siraspur	100

Expenditure on Medical Education in the Country

1658. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the average expenditure incurred by Government on each medical student in the Country upto the graduation and post graduation level *vis-a-vis* the amount of expenditure incurred by parents of each student for receiving medical education at the respective levels, according to corrent rate;

(b) how the expenditures compare with those in our neighbouring countries in Asia as well as with those of developed countries *viz* the U. K. and the U. S. A.; and

(c) how many institutions, imparting medical education, were located in the rural India prior to the Commencement of the Seventh Five Year Plan?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) The average recurring cost of training an MBBS doctor in a Government Medical College was Rs. 77,498 and the average recurring cost of training a post graduate doctor was Rs. 25,261/- excluding capital cost of setting of the medical college and Hospitals, as per the study conducted by the National Institute of Health and Family Welfare during the period 1978—1983. No study has been conducted in the recent past.

(b) No information is available regarding the expenditure incurred on medical education in various countries.

(c) As far as information is available, two medical colleges were functioning in Ambajogai and Sevagram (Wardha)—

both in Maharashtra prior to the commencement of the Seventh Five Year Plan.

Growth rate during the 7th Five Year Plan

1659. SHRI KAMAL MORARKA:
SHRI YASHWANT SINHA:

Will the Minister of PLANNING be pleased to state:

(a) what is the share of agriculture, industry and services, sector-wise in the growth rate achieved during the Seventh Five Year Plan;

(b) what was the share of these three sectors in the growth during the First Five Year Plan;

(c) what is the employment in these three sectors, respectively and in what manner it compares percentage-wise with the employment during the First Five Year Plan period; and

(d) what corrective steps Government are contemplating for maintaining the balance among the three sectors?

THE MINISTER OF PLANNING AND THE MINISTER OF PROGRAMME IMPLEMENTATION (SHRI MADHAVSINH SOLANKI): (a) Official estimates of GDP growth are available only for the first three years of the Seventh Plan. During this period GDP grew by 4.2 per cent per annum. There was a negative contribution of 5.2 per cent to this GDP growth from agriculture and positive contribution of 47 per cent from industry and 38.2 per cent from services.

(b) The Gross Domestic Product at factor cost grew at 3.6 per cent per annum during the First Five Year Plan. Of this 44.5 per cent was contributed by agriculture, 19.4 per cent by industry and 36.1 per cent by services.

(c) Comparable estimates of employment during First Five Year Plan and Seventh Plan are not available. However, according to the distribution of workers as per 1951 census, agriculture accounted for 72.1 per cent, industry excluding electricity for 9.6 per cent services 18.3 per cent. According to 1981 census agriculture accounted for 66.5 per cent, household industry for 3.5 per cent and services together with industry other than household accounted for 30 per cent of the total workers.

(d) The emphasis on higher productivity of rice, oilseeds, pulses and dry land agriculture in general will help the growth of agriculture. Estimates of production in this sector for 1988-89 reveal an encouraging trend in this regard. Industrial growth is expected to be accelerated due to improved performance of infrastructure, modernisation and upgradation of technology with emphasis on promotion of competition and efficiency. Service sector is expected to keep pace with the other sectors.

High fluoride content in drinking water in the country

1660. DR. YELAMANCHILI SIVAJI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

What are the areas with high fluoride contents in drinking water, in the country; what are its adverse effects on human beings; what steps are being taken to eradicate the problem?

THE MINISTRY OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): The information in respect of areas with high fluoride contents in drinking water in the country is given in the enclosed Statement. (*See* below).

Excess fluoridated water consumed continuously every year causes several health problems like Dental and skeletol Flurosis, Neurological Manifestations, Gestro-Intestinal problems, Urinary tract manifestations, Muscular manifestations etc.

Necessary steps have been taken under the National Drinking Water Mission as a Technology mission mode project to provide alternative safe drinking water facilities in fluoride endemic areas. Installation of community defluoridation plants and intensified Health education activities.